

# FIA-1855, SUPPORT CERTIFICATION STATUS REPORT

## SUPPORT CERTIFICATION STATUS REPORT Michigan Department of Social Services

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.

INSTRUCTIONS: See OCS Manual Item CR-370.

<b>STATE OFFICE USE ONLY</b>				1. Co. 2. Dist. 3. Eligibility Unit / Worker 4. Pro. 5. Case Number Suffix C	
<b>CLIENT INFORMATION</b>				<b>6. Status</b> A. <input type="checkbox"/> CERTIFY B. <input type="checkbox"/> RECERTIFY C. <input type="checkbox"/> DECERTIFY For boxes A, B or C, complete Items 14 through 22 and 25 D. <input type="checkbox"/> PENDING E. <input type="checkbox"/> N.P.P. F. <input type="checkbox"/> CHANGE Complete Item 25 Complete Items 24 & 25 Complete changed Items & 17, 18 & 25	
7. Case Name (Last, First, Middle) _____				<b>ABSENT PARENT INFORMATION</b>	
8. Street Address _____				13. Name (Last, First, Middle) _____	
9. City _____		10. State _____		11. Zip Code _____	
12. Payee Name in Court Files (if different from Item 7.) _____				13A. Street Address _____ City, State, Zip	
13B. Employer _____				13C. Social Security Number _____	

  

<b>COURT INFORMATION</b>	
14. Location of Court Action A. Was court order granted in Michigan? <input type="checkbox"/> Yes (proceed to Item 15) <input type="checkbox"/> No (complete 14B & proceed to Item 15)	B. Name and Location of Out-of-state Court Court _____ County _____ State _____
15. Type of Court Action A. <input type="checkbox"/> Divorce D. <input type="checkbox"/> URESA B. <input type="checkbox"/> Paternity E. <input type="checkbox"/> Other (indicate below) C. <input type="checkbox"/> Civil Support	16. Other Expenses Ordered A. <input type="checkbox"/> Medical Expenses D. <input type="checkbox"/> Funeral Expenses B. <input type="checkbox"/> Health Insurance E. <input type="checkbox"/> Other (indicate below) C. <input type="checkbox"/> Confinement Expenses

  

17. Court: County Code if Michigan State Code if Out-state _____	22. Support and/or Alimony Covers the Following P.A. Recipients <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name (Last)</th> <th>(First)</th> <th>Date of Birth</th> <th>Recipient ID Number</th> </tr> <tr> <th></th> <th></th> <th>Mo. Day Yr.</th> <th></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>7. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>8. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name (Last)	(First)	Date of Birth	Recipient ID Number			Mo. Day Yr.		1. _____	_____	_____	_____	2. _____	_____	_____	_____	3. _____	_____	_____	_____	4. _____	_____	_____	_____	5. _____	_____	_____	_____	6. _____	_____	_____	_____	7. _____	_____	_____	_____	8. _____	_____	_____	_____
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1. _____	_____	_____	_____																																						
2. _____	_____	_____	_____																																						
3. _____	_____	_____	_____																																						
4. _____	_____	_____	_____																																						
5. _____	_____	_____	_____																																						
6. _____	_____	_____	_____																																						
7. _____	_____	_____	_____																																						
8. _____	_____	_____	_____																																						

  

18. Court Case Number _____	19. Effective Date of Order _____	20. Amount of Order (\$ & c) _____ week	21. Grant Amount _____ month	23. Remarks: _____
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24. N.P.P. Status A. <input type="checkbox"/> Dead E. <input type="checkbox"/> Whereabouts Unknown I. <input type="checkbox"/> Adjudication of Non-Paternity B. <input type="checkbox"/> Imprisoned F. <input type="checkbox"/> Approved Voluntary J. <input type="checkbox"/> Military or RSDI C. <input type="checkbox"/> Incapacitated G. <input type="checkbox"/> Natural Father not Legal Father K. <input type="checkbox"/> Paternity Settlement D. <input type="checkbox"/> ID Unknown H. <input type="checkbox"/> Statute of Limitations L. <input type="checkbox"/> Other _____		
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25. Authorization and Signature A. <input type="checkbox"/> Certification/Recertification It is hereby certified that the persons named in Item 22 are receiving Public Assistance as of the P.A. Effective Date. Mo. Day (circle one) Yr. _____ 01 16 _____			B. <input type="checkbox"/> Decertification It is hereby certified that the persons named in Item 22 are no longer receiving Public Assistance; or, the support order is no longer in effect. END DATE: Mo. Day (circle one) Yr. _____ 15 30 _____	C. <input type="checkbox"/> Pending/N.P.P./Change Action is effective Mo. Day Yr. _____ _____ _____ Signature _____ Date _____
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DSS-1855 (Rev. 3-84)  
Previous edition may be used.

DISTRIBUTION: PART 1 - Court (except N.P.P. & Pending)  
PART 2 - DSS State Office

PART 3 - Support Specialist  
PART 4 - Case Record

**INSTRUCTIONS**

Form FIA-1855, Support Certification Status Report, is available as a back-up to CSES or DPSS generated Status Notices. Completion instructions are provided below.

<u>Item Number</u>	<u>Item Name</u>	<u>Instruction</u>
1	County	Enter county number where the ADC case is active.
2	Dist	Enter district number where the ADC case is active.
3	Unit/Worker	Enter unit and worker numbers of the assistance payments (AP) worker responsible for the ADC case.
4	Pro.	No entry required. Program code is preprinted.
5	Case Number	Enter ADC case number.
6	Status	Check the box next to "Certify" to notify the Friend of the Court that members of a support order receive ADC.  Check the box next to "Decertify" to notify the Friend of the Court that members of a support order no longer receive ADC.  Do not use the following status indicators: Recertify, Pending, N.P.P. or Change.
7	Case Name	Enter the ADC grantee's name.
8-11	Address	Enter the street address, city, state and zip code for the ADC case.
12	Payee Name	Enter the custodian's name and identify person as the custodian.
13	Absent Parent Name	Enter the name of the parent ordered to pay support.
13A	Address	Enter the absent parent's address if known
13B	Employer	Enter the name of the absent parent's employer if known.
13C	SSN	Enter the absent parent's social security number if known.

14	Court Information	Leave blank
15	Type of Court Action	Enter a checkmark in the box next to the type of support order being certified or decertified.
16	Other Expense Ordered	Enter a checkmark in the box next to "medical expenses" and/or "health insurance" if the order provides for either or both types of obligations.
17	Court	Enter the county code of the Friend of the Court
18	Court Case Number	Enter the court case number for the support ordered being certified or decertified.
19	Effective Date of Order	Enter the effective date the absent parent was ordered to pay support.
20	Amount of Ordered	Enter the amount of the support ordered for all members of the support order.
21	Grant Amount	Leave Blank
22	Name, Date of Birth, Recip ID	Enter the name, date of birth and social security number of the child(ren) and, if applicable, the spouse for whom support is ordered and who receive or have stopped receiving ADC.
24	N.P.P. Status	Leave Blank
25A	Certification	For a certification, check the box and enter the certification effective date.
25B	Decertification	For a decertification, check the box and enter the decertification effective date.
	Signature/Date	Sign and date the form